



# Arizona Integrated Model Forum

## *Opportunities to Enhance Behavioral Health/ Primary Care Integration and the Health Care Safety Net*

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# What I Want to Share With You Today



- HRSA – who we are, who we serve, our programs;
- HRSA and integration of behavioral health care services;
- Useful resources to help you do your work on Integration.

# HRSA - Strategic Plan

- Vision: Healthy Communities, Healthy People
- Mission:
  - Improve Access to Quality Health Care and Services
  - Strengthen the Health Workforce
  - Build Healthy Communities
  - Improve Health Equity

**HRSA Improves Access to Health Care Services for People who are:**

- Uninsured
- Isolated
- Medically Vulnerable

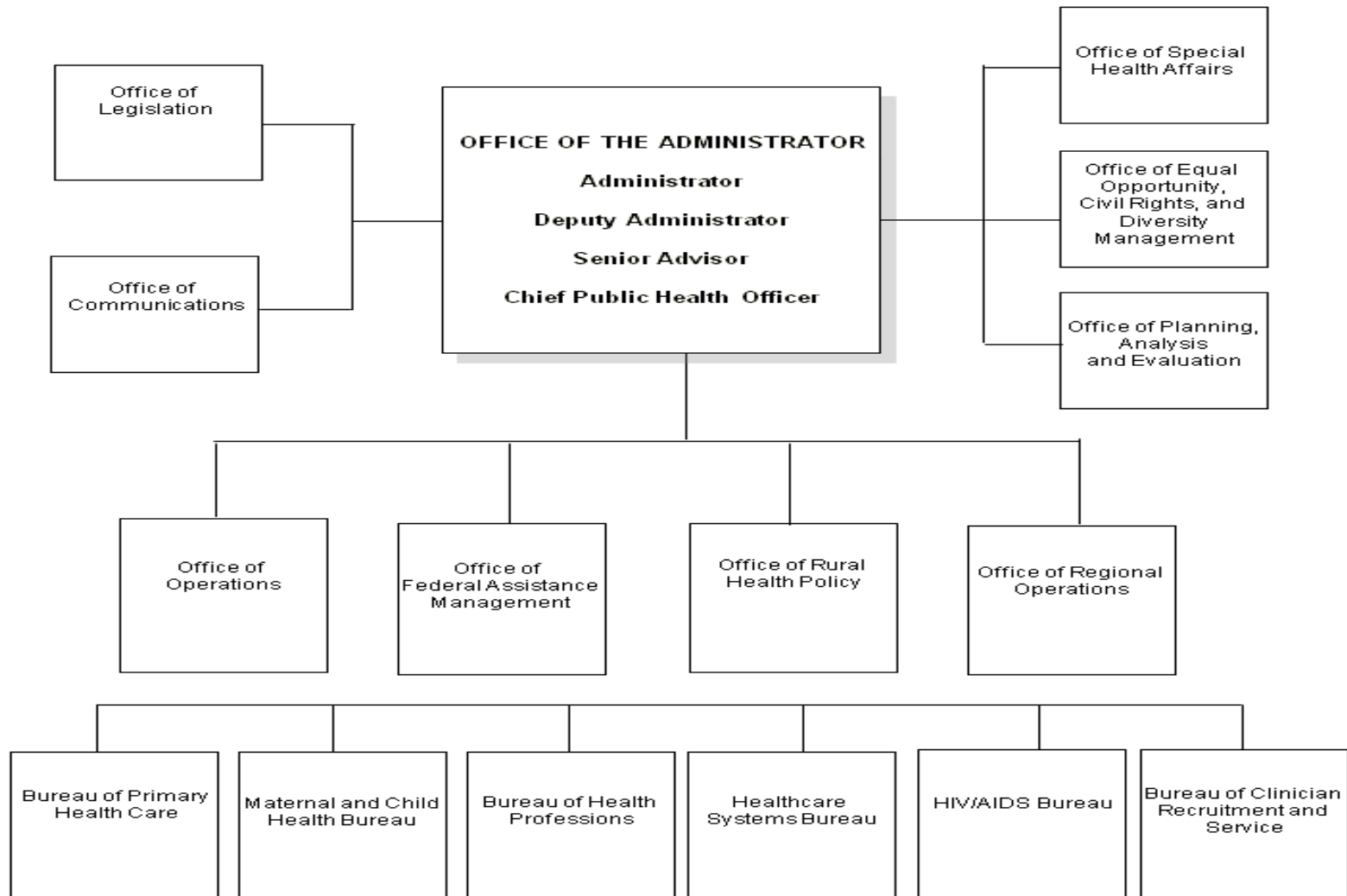
# HRSA - America's Health Care Safety Net

- Health Centers
- Maternal and Child Health
- HIV/AIDS
- Health Workforce Training
- State Health Access
- 340B Drugs, Vaccine Injury Compensation,  
Organ and Tissue donation
- Rural Health
- Regional Offices and Networks

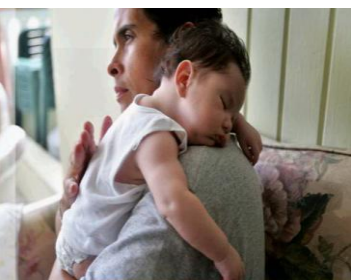


# HRSA- The Agency

## Health Resources and Services Administration



# Who We Serve



- Nearly 19 million patients are served through more than 8000 HRSA-funded health centers, including 1 in 3 people with incomes below the poverty level.
- Over 500,000 people living with HIV/AIDS receive services through more than 900 HRSA-funded Ryan White Clinics. Two-thirds are members of minority groups.
- 34 million women, infants, children, and adolescents benefit from HRSA's maternal and child health programs.
- About 14,000 safety net providers participate in HRSA's 340B low discount drug program.
- Currently more than 7,000 National Health Service Corps clinicians are (or will be) working in underserved areas in exchange for loan repayment or scholarships.

# Why Integrate?

1. Burden of mental and substance use disorders is great.
2. Behavioral health-physical health problems interwoven.
3. TX gap for behavioral health concerns.
4. Primary care settings for behavioral health service delivery enhances access.
5. Treating (certain) behavioral health concerns in primary care settings can be cost-effective.

Treat when feasible and assure *effective* referral arrangements.

*Source: Milbank Memorial Fund 2010 Report*

# How to Integrate?

Coordinated	Co-Located	Integrated
Routing behavioral health screening in primary care	Medical and behavioral health in same facility	Medical and behavioral health in same or separate facility
Referral to separate behavioral health setting	Referral to behavioral specialist on-site	ONE treatment plan
Routine exchange of information	Enhanced exchange due to proximity	ONE team
Both sites handle behavioral health separately	Both providers handle behavioral health separately	Team works together to provide behavioral health



# HRSA - HIV/AIDS

- The Ryan White Program - Provides primary health care, support services and life-sustaining medications for about half of the estimated 1.1 million people living with HIV/AIDS in the United States.
- State-run ADAPs provide antiretroviral medications to patients who cannot afford them - on average, more than 158,000 people receive their medications annually through ADAP.
- A Behavioral health condition may be a co-morbidity in as many as 50% of HIV/AIDS patients. (*IOM, 2005*)
  - Mental Health Services are provided by 73% of Ryan White Part C/54% of Part D health services organizations.
  - HRSA Programs provided outpatient substance abuse services to 31,557 people in 2008 (may include duplicated counts).

# HRSA - Maternal and Child Health

- HRSA MCH Programs serve more than 34 million women, infants and children annually.
  - Grants for services that reach 6 of 10 women who give birth in U.S.
- HRSA Healthy Start- there are 99 Healthy Start sites providing:
  - Educational Activities for Women in Areas with High Infant Mortality and Shortages of Health Care Providers.
  - Community-Based Outreach
  - Case Management
  - Depression Screening
- *Bright Futures Guidelines* (Initiated by HRSA's MCH Bureau):
  - Since 1995, more than 1.3 million copies of the guidelines distributed.
  - Chapter discussion of drug and alcohol use/screening of youth.

# Maternal, Infant, and Early Childhood Home Visiting Program

- The Affordable Care Act created a Maternal, Infant, and Early Childhood Home Visiting Program to fund States to provide evidence-based home visitation services to improve outcomes for children and families who reside in at-risk communities;
- \$1.5 billion over 5 years – FY 2010 - \$100 mil; FY 2011 - \$250 mil.
- Home visiting is a strategy that has been used by public health and human services programs to foster child development, improve maternal and child health, and address problems such as infant mortality;
  - Provides resources for Home Visitations to new mothers in low-income, high-risk communities.
- HRSA and ACF are working collaboratively on this program.

# 340B Drug Pricing Program

- The Affordable Care Act amends the 340B program to add the following to the list of covered entities that are entitled to discounted drug prices:
  - Certain children's and freestanding cancer hospitals excluded from the Medicare prospective payment system
  - Critical access and sole community hospitals
  - Rural referral centers
- Also requires a GAO Study on Improving the 340B Program, due within 18 months of enactment to make recommendations on whether the program should be expanded

# HRSA - Rural Health

## Office of Rural Health Policy

- HRSA has funded a number of publications on behavioral health and substance use in rural America, including:
  - Rural and Frontier Mental and Behavioral Health Care: Barriers, Effective Policy Strategies, Best Practices;
  - Mental Health Care in Rural Communities: the Once and Future Role of Primary Care;
  - Integrating Primary Care and Mental Health: Current Practices in Rural Community Health Centers;
- Telehealth projects focusing on the effective use in rural clinical settings.

# Office of Regional Operations (ORO)

ORO works through HRSA's ten regional offices to improve health care systems and America's health care safety net, increase access to quality care, reduce disparities, and advance public health.

- ORO generates collaborative efforts between state health care leaders and HRSA to improve public health and health care systems.
- The HRSA Regional Office working with Arizona is based in San Francisco – Region IX; CAPT John Moroney, Director, [JMoroney@hrsa.gov](mailto:JMoroney@hrsa.gov)

# HRSA- Health Professions Training Programs

The Bureau of Health Professions increases access by developing, distributing and retaining a diverse, culturally competent workforce:

- Training Grants (Health Professions/Nursing Workforce)
- Behavioral Health Focus:
  - Graduate Psychology Education Grant Program
  - Area Health Education Centers

## Affordable Care Act

- National Health Care Workforce Commission
  - An independent entity to develop a national strategic plan for the health care workforce.
- National Center for Health Care Workforce and Analysis
  - A national center to provide analysis, modeling, and data collection to project current and future workforce demands to inform policy making.

# Bureau of Clinical Recruitment and Service

## National Health Service Corps

- NHSC Recruits fully-trained professionals to provide culturally competent, interdisciplinary primary health and behavioral health care services to underserved populations
- In return, the NHSC programs assists in the professionals' repayment of qualifying educational loans that are outstanding
- Since 1972, 30,000+ health professionals have served in underserved communities



# HRSA- NHSC (BCRS)

## NHSC:

- Currently 1000+ NHSC individuals providing behavioral health services, including: psychiatrists, clinical psychologists, clinical social workers, licensed professional counselors; marriage and family therapists and psychiatric nurse specialists
  - 20% of behavioral health applicants and awardees are engaged in substance abuse delivery services directly
- Of all NHSC health providers, nearly 80 percent stay in the underserved area after fulfilling the NHSC service commitment
- A 2000 study found that slightly more than ½ of all NHSC health professionals remain in service to the underserved up to 15 years after completing their commitment

# National Health Service Corps

- Significant Program Expansion
  - \$300 million in expansion funds for the NHSC from the Recovery Act
  - Additional program funding in the Affordable Care Act - \$1.5 billion over FY 2010-2015 (authorized) (290 mil in FY 2011)
  - More than 7,000 clinicians presently serving - the number is growing
  - Over 8,600 NHSC-Approved sites; 46% Community Health Centers
- Recent Program Improvements
  - Reauthorization of NHSC Program through 2015
  - Increases Maximum Annual Loan Repayment Award from \$35,000 to \$50,000
  - Allows for Half-Time Opportunities; 2 & 4 Year Contracts
    - Expanded to Include Loan Repayment & Scholarship Programs

# HRSA- Health Centers



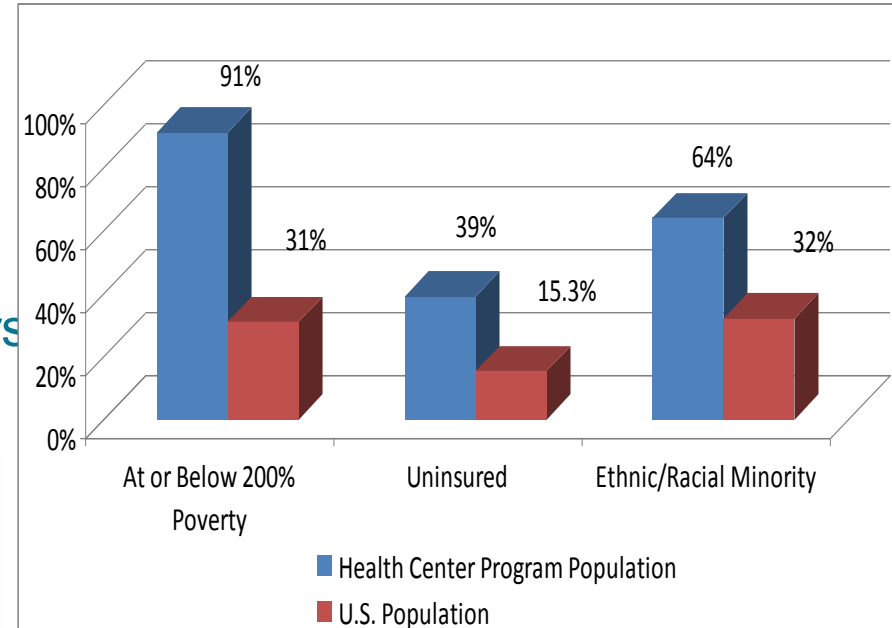
- Primary Care to over 20 Million
- Network of 1,100 Grantees
- 7,500 Sites
- 40 Percent Uninsured
- Everyone Served, Sliding Scale Fees
- Primary and Prevention Care
- Oral, Mental, Substance Use
- Pharmacy, Lab, Imaging

# Health Center Program Overview

## Calendar Year 2009

18.8 Million Patients

- 92% At or Below 200% Poverty
- 38% Uninsured
- 63% Racial/Ethnic Minorities
- Over 1 Million Homeless Individuals
- 865,000 Migrant/Seasonal Farmworkers
- 165,000 Residents of Public Housing

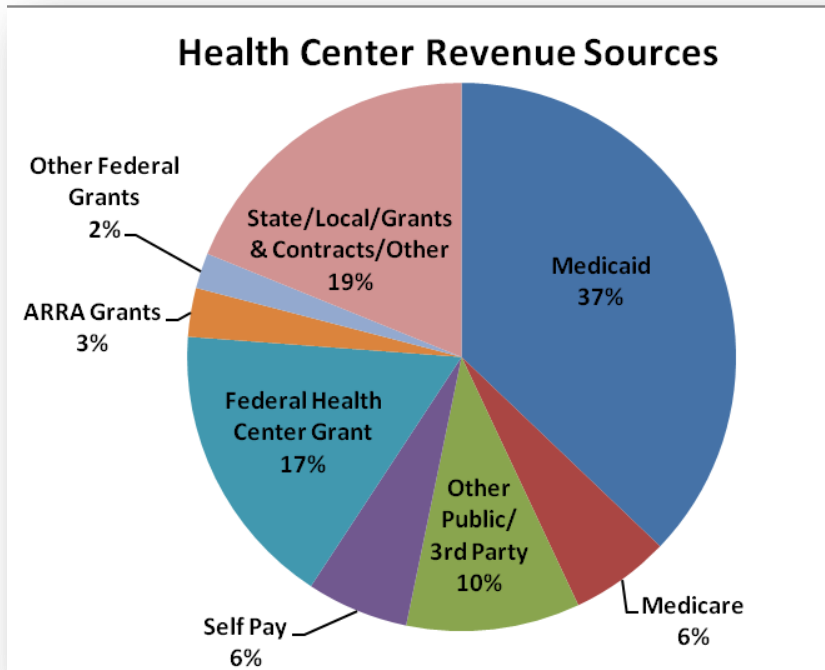


73.8 Million Patient Visits

- 1,131 Grantees – half rural
- 7,900+ Service Sites

Over 123,000 Staff

- 9,100+ Physicians
- 5,700+ NPs, PA, & CNMs



Source: Uniform Data System, 2009

# Community Health Center Model

- 51% User Board- by, for, with the community
- “Core” Health Services
  - Primary and Prevention Care
  - Oral, Mental, Substance Abuse
  - Pharmacy, Lab, Imaging
- “Enabling” Services
  - Care Coordination
  - Interpreter Services
  - Health Education
  - Outreach– navigation, CHWs
  - Transportation and Home visiting

# Services Provided to Patients

	Number/Percent of Patients who used:	Number/Percent Visits:
Mental Health Services	758,131/ 4%	3,763,015/ 5%
Substance Abuse Services	114,565/ 0.61%	1,010,936/ 1%
Other Professional Services	525,832/ 3%	1,304,040/ 2%
Enabling Services	1,720,626/ 9%	4,822,992/ 7%
Medical Services	16,166,416/ 85% (% rounded up)	54,527,178/ 75% (% rounded up)

# Behavioral Health in Health Centers

- Access
  - 2/3 provide on-site mental health services
  - 1/3 provide on-site substance abuse services
    - Behavioral Health treatment/counseling (67% FQHCs in CY2009);
  - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - Depression - the third most common reason for a visit behind diabetes and hypertension. (*2008 UDS Data*)
- Workforce
  - 3,400 Behavioral Health Workforce (2009)
    - 348 Psychiatrists
    - 318 Psychologists
    - 1,070 Social Workers
    - 822 Substance Abuse Providers
    - 826 Other Licensed Behavioral Health Providers

Source: Uniformed Data System 2009

# Health Center Expansion

- The Affordable Care Act provides \$11 billion in funding over 5 years for the operation, expansion, and construction of health centers throughout the Nation.
  - \$9.5 billion is targeted to:
    - Create new health center sites in medically underserved areas.
    - Expand preventive and primary health care services, including oral health, behavioral health, pharmacy, and/or enabling services, at existing health center sites.
  - \$1.5 billion will support major construction and renovation projects at community health centers nationwide.
- This increased funding will nearly double the number of patients seen by health centers, making primary health care available for 38 million people.



# FY 2011 Funding Opportunities

- Funding for Expanded Services (recent 2011 funding opportunity)
  - Serve additional patients by expanding current service capacity, including adding providers/staff and increasing hours of operation.
  - New or expanded oral health, behavioral health, pharmacy, vision, and enabling services (outreach and enrollment, case management, patient and community health education, transportation and translation services).
- \$25 million for Behavioral Health Service Expansion (President's FY 2011 Budget Request)

# HRSA Partnerships on Behavioral Health

## Center for Integrated Health Solutions (SAMHSA/HRSA)

Substance Abuse and Mental Health Services Administration  
initiative with HRSA collaboration

- Technical Assistance and Training Center on Primary and Behavioral Health Integration
  - Improving Access to Primary Care for Behavioral Health Patients
  - Improving Access to Behavioral Health for Primary Care Patients
  - Cooperative agreement with the National Council on Community Behavioral Health Care and a large cadre of partners.
  - HRSA - \$350K per year/four years

# Tools You Can Use

## *Compendium of Primary Care and Mental Health Integration Activities across Various Participating Federal Agencies”*

January 2008

[www.samhsa.gov/Matrix/MHST/Compendium\\_Mental%20Health.pdf](http://www.samhsa.gov/Matrix/MHST/Compendium_Mental%20Health.pdf)

## *“Reimbursement of Mental Health Services in Primary Care Settings”*

<http://download.ncadi.samhsa.gov/ken/pdf/SMA08-4324/SMA08-4324.pdf>

## *“Examples of State’s Billing Codes for Mental Health Services”*

<http://hipaa.samhsa.gov/hipaacodes2.htm>

Shelagh.Smith@samhsa.HHS.gov

# HRSA- Key Web Resources

- **HRSA's Funding Opportunities** (Competitive Grants):  
<http://www.hrsa.gov/grants/index.html>
- **SAMSA Funding Opportunities:** <http://www.samhsa.gov/grants/>
- **CMS** has a website devoted exclusively to Medicaid Mental Health  
- [www.cms.hhs.gov/MHS](http://www.cms.hhs.gov/MHS)
- **HRSA Behavioral Health Webpage:**  
[www.hrsa.gov/publichealth/clinical/BehavioralHealth/index.html](http://www.hrsa.gov/publichealth/clinical/BehavioralHealth/index.html)
- **Find Individual HRSA Grantees /Health Centers:**
  - HRSA Grantees with Active Projects by Program or State:  
[granteefind.hrsa.gov](http://granteefind.hrsa.gov)
  - HRSA's Find a Health Center site: [findahealthcenter.hrsa.gov/](http://findahealthcenter.hrsa.gov/)

# HRSA- Key Web Resources

## (continued)

- National Health Service Corps (NHSC): [www.nhsc.hrsa.gov](http://www.nhsc.hrsa.gov)

### *For Students*

- Scholarship Program: [nhsc.hrsa.gov/scholarship/](http://nhsc.hrsa.gov/scholarship/)
- HRSA-funded Rotational Experiences: Student/Resident Experiences and Rotations in Community Health (SEARCH): [www.nhsc.hrsa.gov/SEARCH](http://www.nhsc.hrsa.gov/SEARCH).

### *For Clinicians*

- Loan Repayment Program: [www.nhsc.hrsa.gov/loanrepayment](http://www.nhsc.hrsa.gov/loanrepayment).  
Up to \$145,000 is available in loan repayment for qualifying clinicians choosing a five year commitment to the NHSC.

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- HRSA's Databank of HRSA programs: [datawarehouse.hrsa.gov/](http://datawarehouse.hrsa.gov/)

# HRSA- Key Web Resources

## Some of our State Partners

- Primary Care Associations:  
[bphc.hrsa.gov/technicalassistance/pcadirectory.htm](http://bphc.hrsa.gov/technicalassistance/pcadirectory.htm)
- Primary Care Offices:  
[bhpr.hrsa.gov/shortage/pcos.htm](http://bhpr.hrsa.gov/shortage/pcos.htm)
- Offices of Rural Health:  
[www.hrsa.gov/ruralhealth/about/directory/index.html#national](http://www.hrsa.gov/ruralhealth/about/directory/index.html#national)



# Summary

- *HRSA has a significant role in supporting behavioral health service delivery with a focus on the safety net and workforce – enthusiastic about integrating behavioral health and primary care;*
- *We are working with other federal agencies (ONDCP, SAMHSA) and outside partners to improve the availability of behavioral health in primary care settings;*
- *We need you, our State and local partners, to play a big part in transforming and improving our health system;*



# Contact Information



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